

Indiana Patient Registry Training

Pre-Hospital

Pre-Hospital Screen

W IMAGESTREND
PATIENT REGISTRY

Dashboard

Incidents

Staff

Users

Setup

Demographics

Injury

Pre-Hospital

Referring

ED / Acute Care

Initial Assessment

Diagnosis

Comorbidity

Procedures

Complications / PI

Outcome

▼ Edit Incident » Trauma Incident Form (Full Record with ICD-10) » Pre-Hospital »

Mark As Completed

Validity: 0%
Status: In Progress
Lock: Unlocked ▼
Import Status: Typed In
Entered: 08/08/2017 by Paravdeep Nijjar
Updated: 08/08/2017

Registry #:
Patient: ,
Medical Record Number:
NTDB Inclusion: No
State Inclusion: No

⚠ Pre-Hospital has not been submitted.

Arrived From

Arrived From: Not Applicable ▼
Transported To Your Facility By: Not Applicable ▼ *
Inter-Facility Transfer: No ⓘ

Assessment at Scene

Mass Casualty Incident: Not Applicable ▼
Estimated Body Weight: lbs Kg *
Vehicular Injury Indicators:

Dash Deformity
DOA Same Vehicle
Ejection
Fire
Rollover/Roof Deformity ▼

Seat Row Location:
Height of Fall: Feet

Pregnancy: Not Applicable ▼
Law Enforcement/Crash Report Number:
Area of the Vehicle Impacted:

Center Front
Center Rear
Left Front
Left Rear
Left Side ▼

Position of Patient: Not Applicable ▼
Vehicular, pedestrian, other risk injury:

Auto v. pedestrian/bicyclist thrown, run over, or > 20 MPH impact
Burns
Burns with Trauma
Crash death in same passenger compartment
Crash ejection (partial or complete) from automobile ▼ *

Pre-Hospital Screen – Arrived From

W IMAGEFRIEND
PATIENT REGISTRY

DashboardIncidentsStaffUsersSetup

DemographicsInjuryPre-HospitalReferringED / Acute CareInitial AssessmentDiagnosisComorbidityProceduresComplications / PIOutcome

▼ Edit Incident » Trauma Incident Form (Full Record with ICD-10) » Pre-Hospital »

Validity: 0%
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Registry #:
Patient: ,
Medical Record Number:
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State Inclusion: No

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⚠ Pre-Hospital has not been submitted.

Arrived From
Arrived From: Not Applicable ▼
Transported To Your Facility By: Not Applicable ▼ *
Inter-Facility Transfer: No ⓘ

Assessment at Scene
Mass Casualty Incident: Not Applicable ▼
Estimated Body Weight: lbs Kg *
Vehicular Injury Indicators: Dash Deformity, DOA Same Vehicle, Ejection, Fire, Rollover/Roof Deformity ▼
Seat Row Location:
Height of Fall: Feet
Pregnancy: Not Applicable ▼
Law Enforcement/Crash Report Number:
Area of the Vehicle Impacted: Center Front, Center Rear, Left Front, Left Rear, Left Side ▼
Position of Patient: Not Applicable ▼
Vehicular, pedestrian, other risk injury: Auto v. pedestrian/bicyclist thrown, run over, or > 20 MPH impact, Burns, Burns with Trauma, Crash death in same passenger compartment, Crash ejection (partial or complete) from automobile ▼ *

Pre-Hospital Screen – Assessment at Scene

Assessment at Scene

Mass Casualty Incident

Not Applicable

Estimated Body Weight: lbs Kg *

Vehicular Injury Indicators

Dash Deformity
DOA Same Vehicle
Ejection
Fire
Rollover/Roof Deformity

Seat Row Location

Height of Fall Feet

Pregnancy

Not Applicable

Law Enforcement/Crash Report Number

Area of the Vehicle Impacted

Center Front
Center Rear
Left Front
Left Rear
Left Side

Position of Patient

Not Applicable

Vehicular, pedestrian, other risk injury:

Auto v. pedestrian/bicyclist thrown, run over, or > 20 MPH impact
Burns
Burns with Trauma
Crash death in same passenger compartment
Crash ejection (partial or complete) from automobile

 *

Equipment

Airbag Present:

Not Applicable

 *

Child Restraint

Not Applicable

 *

Three Point Restraint

Not Applicable

 *

Lap Belt:

Not Applicable

 *

Shoulder Belt:

Not Applicable

 *

Personal Floatation:

Not Applicable

 *

Eye Protection

Not Applicable

 *

Helmet:

Not Applicable

 *

Protective Clothing:

Not Applicable

 *

Protective Non-Clothing Gear:

Not Applicable

 *

Other:

Not Applicable

 *

Arrival Information

Run Number	EMS PCR Number	Service	EMS Dispatch Date	Time	En Route Time	Arrival Time at Scene	Patient Contact Date	Time	Unit Departure Time	Unit Arrived Hospital Time	Transport Mode
No EMS Runs Have Been Entered											
Run Number		EMS PCR Number					Service	Favorites	-- Select Service --		
EMS Dispatch Date	Time	En Route Time	Arrival Time at Scene	Patient Contact Date	Time	Unit Departure Time	Unit Arrived Hospital Time				

Arrived Hospital Time

Pre-Hospital Screen – Assessment at Scene (3)

Assessment at Scene

Mass Casualty Incident

Estimated Body Weight: lbs Kg *

Vehicular Injury Indicators

Dash Deformity

DOA Same Vehicle

Ejection

Fire

Rollover/Roof Deformity

Seat Row Location

Height of Fall Feet

Pregnancy

Law Enforcement/Crash Report Number

Area of the Vehicle Impacted

Center Front

Center Rear

Left Front

Left Rear

Left Side

Position of Patient

Vehicular, pedestrian, other risk injury:

Auto v. pedestrian/bicyclist thrown, run over, or > 20 MPH impact

Burns

Burns with Trauma

Crash death in same passenger compartment

Crash ejection (partial or complete) from automobile

Equipment

Airbag Present: *

Child Restraint *

Three Point Restraint *

Lap Belt: *

Shoulder Belt: *

Personal Floatation: *

Eye Protection *

Helmet: *

Protective Clothing: *

Protective Non-Clothing Gear: *

Other: *

Arrival Information

Run Number	EMS PCR Number	Service	EMS Dispatch Date	Time	En Route Time	Arrival Time at Scene	Patient Contact Date	Time	Unit Departure Time	Unit Arrived Hospital Time	Transport Mode									
No EMS Runs Have Been Entered																				
Run Number	<input type="text"/>	EMS PCR Number	<input type="text"/>				Service	Favorites	-- Select Service --		*									
EMS Dispatch Date	<input type="text"/>	Time	<input type="text"/>	*	En Route Time	<input type="text"/>	Arrival Time at Scene	<input type="text"/>	*	Patient Contact Date	<input type="text"/>	Time	<input type="text"/>	*	Unit Departure Time	<input type="text"/>	*	Unit Arrived Hospital Time	<input type="text"/>	

Pre-Hospital Screen – Assessment at Scene (4)

Assessment at Scene

Mass Casualty Incident

Estimated Body Weight: lbs Kg *

Vehicular Injury Indicators

Dash Deformity

DOA Same Vehicle

Ejection

Fire

Rollover/Roof Deformity

Seat Row Location

Height of Fall Feet

Pregnancy

Law Enforcement/Crash Report Number

Area of the Vehicle Impacted

Center Front

Center Rear

Left Front

Left Rear

Left Side

Position of Patient

Vehicular, pedestrian, other risk injury:

Auto v. pedestrian/bicyclist thrown, run over, or > 20 MPH impact

Burns

Burns with Trauma

Crash death in same passenger compartment

Crash ejection (partial or complete) from automobile

Equipment

Airbag Present: *

Child Restraint *

Three Point Restraint *

Lap Belt: *

Shoulder Belt: *

Personal Floatation: *

Eye Protection *

Helmet: *

Protective Clothing: *

Protective Non-Clothing Gear: *

Other: *

Arrival Information

Run Number	EMS PCR Number	Service	EMS Dispatch Date	Time	En Route Time	Arrival Time at Scene	Patient Contact Date	Time	Unit Departure Time	Unit Arrived Hospital Time	Transport Mode
No EMS Runs Have Been Entered											
Run Number			EMS PCR Number			Service	Favorites -- Select Service --				
EMS Dispatch Date	Time	En Route Time	Arrival Time at Scene	Patient Contact Date	Time	Unit Departure Time	Unit Arrived Hospital Time				

Pre-Hospital Screen – Equipment

Equipment

Airbag Present: Not Applicable *

Child Restraint: Not Applicable *

Three Point Restraint: Not Applicable *

Lap Belt: Not Applicable *

Shoulder Belt: Not Applicable *

Personal Floatation: Not Applicable *

Eye Protection: Not Applicable *

Helmet: Not Applicable *


Protective Clothing: Not Applicable *

Protective Non-Clothing Gear: Not Applicable *

Other: Not Applicable *

Arrival Information

Run Number	EMS PCR Number	Service	EMS Dispatch Date	Time	En Route Time	Arrival Time at Scene	Patient Contact Date	Time	Unit Departure Time	Unit Arrived Hospital Time	Transport Mode
No EMS Runs Have Been Entered											
Run Number	EMS PCR Number	Service									
		Favorites -- Select Service --									
EMS Dispatch Date *	Time *	En Route Time	Arrival Time at Scene *	Patient Contact Date	Time	Unit Departure Time *	Unit Arrived Hospital Time				
Triage Destination Protocol: -Select-			Triage Criteria: -Select- Age 60 Amputation, proximal to wrist or ankle Burns > 10%, or face/airway/hand/feet/genitalia Ejection from vehicle								
Transport Mode: Not Applicable *	Tube Thoracostomy: Not Applicable	CPR Performed: Not Applicable	Pre Hospital Cardiac Arrest: Not determined/Unknown								
Needle Thoracostomy: Not Applicable	Airway Management: Not Performed	Fluids: Not Applicable	Destination Determination: Not Applicable								
EMS Status: Not Applicable	Medications:										
<div>Add Medication</div>											
<div>Add EMS Run Search EMS Run</div>											

* Please Click On  To Add/Edit PreHospital Vitals
* Unit Notified Date is required in order to save Unit Notified Time, Arrive Scene Time or Leave Scene Time

Pre-Hospital Screen – Arrival Information (2)

Arrival Information

Run Number	EMS PCR Number	Service	EMS Dispatch Date	Time	En Route Time	Arrival Time at Scene	Patient Contact Date	Time	Unit Departure Time	Unit Arrived Hospital Time	Transport Mode
No EMS Runs Have Been Entered											
Run Number	EMS PCR Number	Service									
		Favorites -- Select Service --									
EMS Dispatch Date	Time	En Route Time	Arrival Time at Scene	Patient Contact Date	Time	Unit Departure Time	Unit Arrived Hospital Time				
Triage Destination Protocol: -Select-			Triage Criteria: -Select- Age 60 Amputation, proximal to wrist or ankle Burns > 10%, or face/airway/hand/feet/genitalia Ejection from vehicle								
Transport Mode	Not Applicable	Tube Thoracostomy	Not Applicable	CPR Performed	Not Applicable	Pre Hospital Cardiac Arrest	Not determined/Unknown				
Needle Thoracostomy	Not Applicable	Airway Management	Not Performed	Fluids	Not Applicable	Destination Determination	Not Applicable				
EMS Status	Not Applicable	Medications									
<div>Add Medication</div>											
<div>Add EMS Run Search EMS Run</div>											
<div>* Please Click On To Add/Edit PreHospital Vitals</div>											
<div>* Unit Notified Date is required in order to save Unit Notified Time, Arrive Scene Time or Leave Scene Time</div>											

Save

Save and Continue

Pre-Hospital Screen – Arrival Information (3)

Arrival Information

Run Number	EMS PCR Number	Service	EMS Dispatch Date	Time	En Route Time	Arrival Time at Scene	Patient Contact Date	Time	Unit Departure Time	Unit Arrived Hospital Time	Transport Mode
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No EMS Runs Have Been Entered

Run Number

EMS PCR Number

Service

Favorites

-- Select Service --

EMS Dispatch Date

Time

En Route Time

Arrival Time at Scene

Patient Contact Date

Time

Unit Departure Time

Unit Arrived Hospital Time

Triage Destination Protocol:

-Select-

Triage Criteria:

-Select-

Age 60

Amputation, proximal to wrist or ankle

Burns > 10%, or face/airway/hand/feet/genitalia

Ejection from vehicle

Transport Mode

Not Applicable

Needle Thoracostomy:

Not Applicable

EMS Status:

Not Applicable

Tube Thoracostomy:

Not Applicable

Airway Management:

Not Performed

Medications:

Add Medication

CPR Performed:

Not Applicable

Fluids:

Not Applicable

Pre Hospital Cardiac Arrest:

Not determined/Unknown

Destination Determination:

Not Applicable

Add EMS Run

Search EMS Run

* Please Click On To Add/Edit PreHospital Vitals

* Unit Notified Date is required in order to save Unit Notified Time, Arrive Scene Time or Leave Scene Time

Save

Save and Continue

Pre-Hospital Screen – EMS Lookup

EMS Lookup

Country:

United States ▼

State:

All States ▼

County:

All Counties ▼

City:

Postal Code:

Service Name:

begins with ▼

Agency ID:

begins with ▼

Search

Clear

Exit

State	City	Agency ID	Service Name
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×

 Close



ck

Pre-Hospital Screen – Arrival Information (5)

Arrival Information

Run Number	EMS PCR Number	Service	EMS Dispatch Date	Time	En Route Time	Arrival Time at Scene	Patient Contact Date	Time	Unit Departure Time	Unit Arrived Hospital Time	Transport Mode
No EMS Runs Have Been Entered											
Run Number	EMS PCR Number	Service									
		Favorites -- Select Service --									
EMS Dispatch Date	Time	En Route Time	Arrival Time at Scene	Patient Contact Date	Time	Unit Departure Time	Unit Arrived Hospital Time				
Triage Destination Protocol: -Select-			Triage Criteria: -Select- Age 60 Amputation, proximal to wrist or ankle Burns > 10%, or face/airway/hand/feet/genitalia Ejection from vehicle								
Transport Mode	Needle Thoracostomy	EMS Status	Tube Thoracostomy	Airway Management	Medications	CPR Performed	Fluids	Pre Hospital Cardiac Arrest	Destination Determination		
Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Performed		Not Applicable	Not Applicable	Not determined/Unknown	Not Applicable		
<div>Add Medication</div> <div>Add EMS Run Search EMS Run</div> <div>* Please Click On To Add/Edit PreHospital Vitals</div> <div>* Unit Notified Date is required in order to save Unit Notified Time, Arrive Scene Time or Leave Scene Time</div>											

ck

Save Save and Continue

Pre-Hospital Screen – Arrival Information (6)

Arrival Information

Run Number	EMS PCR Number	Service	EMS Dispatch Date	Time	En Route Time	Arrival Time at Scene	Patient Contact Date	Time	Unit Departure Time	Unit Arrived Hospital Time	Transport Mode
No EMS Runs Have Been Entered											
Run Number	EMS PCR Number	Service									
EMS Dispatch Date	Time	En Route Time	Arrival Time at Scene	Patient Contact Date	Time	Unit Departure Time	Unit Arrived Hospital Time				
Triage Destination Protocol: -Select-			Triage Criteria: -Select- Age 60 Amputation, proximal to wrist or ankle Burns > 10%, or face/airway/hand/feet/genitalia Ejection from vehicle								
Transport Mode	Tube Thoracostomy:	CPR Performed:	Needle Thoracostomy:	Airway Management:	Fluids:	Pre Hospital Cardiac Arrest:	Destination Determination:				
EMS Status:	Medications:										
<div>Add Medication</div> <div>Add EMS Run Search EMS Run</div>											
<small>* Please Click On To Add/Edit PreHospital Vitals</small>											
<small>* Unit Notified Date is required in order to save Unit Notified Time, Arrive Scene Time or Leave Scene Time</small>											

ck

Save

Save and Continue

Pre-Hospital Screen – Arrival Information (7)

Arrival Information

Run Number	EMS PCR Number	Service	EMS Dispatch Date	Time	En Route Time	Arrival Time at Scene	Patient Contact Date	Time	Unit Departure Time	Unit Arrived Hospital Time	Transport Mode
No EMS Runs Have Been Entered											
Run Number	EMS PCR Number	Service									
EMS Dispatch Date	Time	En Route Time	Arrival Time at Scene	Patient Contact Date	Time	Unit Departure Time	Unit Arrived Hospital Time				
Triage Destination Protocol: -Select-			Triage Criteria: -Select- Age 60 Amputation, proximal to wrist or ankle Burns > 10%, or face/airway/hand/feet/genitalia Ejection from vehicle								
Transport Mode	Not Applicable	Tube Thoracostomy:	Not Applicable	CPR Performed:	Not Applicable	Pre Hospital Cardiac Arrest:	Not determined/Unknown				
Needle Thoracostomy:	Not Applicable	Airway Management:	Not Performed	Fluids:	Not Applicable	Destination Determination:	Not Applicable				
EMS Status:	Not Applicable	Medications:									
<div>Add Medication</div>											
<div>Add EMS RunSearch EMS Run</div>											
<div>* Please Click On To Add/Edit PreHospital Vitals</div>											
<div>* Unit Notified Date is required in order to save Unit Notified Time, Arrive Scene Time or Leave Scene Time</div>											

ck

SaveSave and Continue

Pre-Hospital Screen – Arrival Information (8)

Arrival Information

Run Number	EMS PCR Number	Service	EMS Dispatch Date	Time	En Route Time	Arrival Time at Scene	Patient Contact Date	Time	Unit Departure Time	Unit Arrived Hospital Time	Transport Mode
No EMS Runs Have Been Entered											
Run Number	EMS PCR Number	Service									
		Favorites -- Select Service --									
EMS Dispatch Date	Time	En Route Time	Arrival Time at Scene	Patient Contact Date	Time	Unit Departure Time	Unit Arrived Hospital Time				
Triage Destination Protocol: -Select-			Triage Criteria: -Select- Age 60 Amputation, proximal to wrist or ankle Burns > 10%, or face/airway/hand/feet/genitalia Ejection from vehicle								
Transport Mode	Needle Thoracostomy	EMS Status	Tube Thoracostomy	Airway Management	Medications	CPR Performed	Fluids	Pre Hospital Cardiac Arrest	Destination Determination		
Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Performed		Not Applicable	Not Applicable	Not determined/Unknown	Not Applicable		
<div>Add Medication</div> <div>Add EMS RunSearch EMS Run</div>											
<small>* Please Click On To Add/Edit PreHospital Vitals</small>											
<small>* Unit Notified Date is required in order to save Unit Notified Time, Arrive Scene Time or Leave Scene Time</small>											

ck

Save

Save and Continue

Pre-Hospital Screen – Arrival Information (9)

Arrival Information

Run Number	EMS PCR Number	Service	EMS Dispatch Date	Time	En Route Time	Arrival Time at Scene	Patient Contact Date	Time	Unit Departure Time	Unit Arrived Hospital Time	Transport Mode
No EMS Runs Have Been Entered											
Run Number	EMS PCR Number	Service									
EMS Dispatch Date	Time	En Route Time	Arrival Time at Scene	Patient Contact Date	Time	Unit Departure Time	Unit Arrived Hospital Time				
Triage Destination Protocol: -Select-			Triage Criteria: -Select- Age 60 Amputation, proximal to wrist or ankle Burns > 10%, or face/airway/hand/feet/genitalia Ejection from vehicle								
Transport Mode	Needle Thoracostomy	EMS Status	Tube Thoracostomy	Airway Management	Medications	CPR Performed	Fluids	Pre Hospital Cardiac Arrest	Destination Determination		
Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Performed		Not Applicable	Not Applicable	Not determined/Unknown	Not Applicable		
<div>Add Medication</div> <div>Add EMS RunSearch EMS Run</div> <div>* Please Click On To Add/Edit PreHospital Vitals</div> <div>* Unit Notified Date is required in order to save Unit Notified Time, Arrive Scene Time or Leave Scene Time</div>											

ck

SaveSave and Continue

Pre-Hospital Screen – Arrival Information (10)

Arrival Information

Run Number	EMS PCR Number	Service	EMS Dispatch Date	Time	En Route Time	Arrival Time at Scene	Patient Contact Date	Time	Unit Departure Time	Unit Arrived Hospital Time	Transport Mode
------------	----------------	---------	-------------------	------	---------------	-----------------------	----------------------	------	---------------------	----------------------------	----------------

No EMS Runs Have Been Entered

Run Number EMS PCR Number Service Favorites -- Select Service --

EMS Dispatch Date * Time * En Route Time Arrival Time at Scene * Patient Contact Date Time

Triage Destination Protocol: --Select-- Triage Criteria:

--Select--

Age 60

Amputation, proximal to wrist or ankle

Burns > 10%, or face/airway/hand/feet/genitalia

Ejection from vehicle

Transport Mode: Not Applicable * Tube Thoracostomy: Not Applicable CPR Performed: Not Applicable Pre Hospital Cardiac Arrest: Not determined/Unknown

Needle Thoracostomy: Not Applicable Airway Management: Not Performed Fluids: Not Applicable Destination Determination: Not Applicable

EMS Status: Not Applicable Medications:

Add Medication

Add EMS Run

Search EMS Run

* Please Click On To Add/Edit PreHospital Vitals

* Unit Notified Date is required in order to save Unit Notified Time, Arrive Scene Time or Leave Scene Time

ck

Save

Save and Continue


Pre-Hospital Screen – Medications


Add Drugs

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z All

Search:

Description		
<input type="checkbox"/> Calcium Gluconate	<input type="checkbox"/> Demerol (Meperidine)	<input type="checkbox"/> Oxygen
<input type="checkbox"/> CT contrast	<input type="checkbox"/> Dextrose (Glucose)	<input type="checkbox"/> Packed Red Blood Cells
<input type="checkbox"/> Hypertonic Solution	<input type="checkbox"/> Dilantin (Phenytoin)	<input type="checkbox"/> Pancuronium
<input type="checkbox"/> Ketamine	<input type="checkbox"/> Dilaudid (Hydromorphone)	<input type="checkbox"/> Paxil (Paroxetine)
<input type="checkbox"/> Levetiracetam (Keppra)	<input type="checkbox"/> Dobutamine	<input type="checkbox"/> Pelvic wrap
<input type="checkbox"/> Other Antibiotic (instead of antibiotic)	<input type="checkbox"/> Dopamine	<input type="checkbox"/> Pentothal (Thiopental)
<input type="checkbox"/> Other Antihypertensive	<input type="checkbox"/> Epinephrine (aqueous)	<input type="checkbox"/> Pepcid (Famotidine)
<input type="checkbox"/> Other Antiseizure	<input type="checkbox"/> Etomidate	<input type="checkbox"/> Pericardiocentesis
<input type="checkbox"/> Other Benzodiazepine	<input type="checkbox"/> External pacemaker	<input type="checkbox"/> Phenergan (Promethazine)
<input type="checkbox"/> Other Opiate/Narcotic	<input type="checkbox"/> Fentanyl	<input type="checkbox"/> Phenobarbital


 Save

 Close

Unit Notified Date is required in order to save Unit Notified Time, Arrive Scene Time or Leave Scene Time

Pre-Hospital Screen – Arrival Information (11)

Arrival Information

Run Number	EMS PCR Number	Service	EMS Dispatch Date	Time	En Route Time	Arrival Time at Scene	Patient Contact Date	Time	Unit Departure Time	Unit Arrived Hospital Time	Transport Mode
No EMS Runs Have Been Entered											
Run Number	EMS PCR Number	Service									
		Favorites -- Select Service --									
EMS Dispatch Date	Time	En Route Time	Arrival Time at Scene	Patient Contact Date	Time	Unit Departure Time	Unit Arrived Hospital Time				
Triage Destination Protocol:			-Select-			Triage Criteria:			-Select- Age 60 Amputation, proximal to wrist or ankle Burns > 10%, or face/airway/hand/feet/genitalia Ejection from vehicle		
Transport Mode	Not Applicable	Tube Thoracostomy:	Not Applicable	CPR Performed:	Not Applicable	Pre Hospital Cardiac Arrest:	Not determined/Unknown				
Needle Thoracostomy:	Not Applicable	Airway Management:	Not Performed	Fluids:	Not Applicable	Destination Determination:	Not Applicable				
EMS Status:	Not Applicable	Medications:									
<div>Add Medication</div>											
<div>Add EMS Run Search EMS Run</div>											
<p>* Please Click On  To Add/Edit PreHospital Vitals</p> <p>* Unit Notified Date is required in order to save Unit Notified Time, Arrive Scene Time or Leave Scene Time</p>											

Back

Save Save and Continue

Pre-Hospital Screen – Arrival Information (12)

Arrival Information

Run Number	EMS PCR Number	Service	EMS Dispatch Date	Time	En Route Time	Arrival Time at Scene	Patient Contact Date	Time	Unit Departure Time	Unit Arrived Hospital Time	Transport Mode	
											Not Applicable	
CPR Performed: Not Applicable			Airway Management: Not Performed			Tube Thoracostomy: Not Applicable			Needle Thoracostomy: Not Applicable			
Response Time: min.(s)			Scene Time: min.(s)			Transport Time: min.(s)			Destination Determination: Not Applicable			
Fluids: Not Applicable												
Medications:												
EMS Vitals Date	Glasgow Eye	Glasgow Verbal	Glasgow Motor	GCS Qualifier	BP	Pulse Rate	Resp. Rate	Resp.Assistance	SpO2	GCS	RTS	PTS

Run Number

EMS PCR Number

Service

Favorites

-- Select Service --

EMS Dispatch Date

Time

En Route Time

Arrival Time at Scene

Patient Contact Date

Time

Unit Departure Time

Unit Arrived Hospital Time

Triage Destination Protocol: -Select-

Triage Criteria: -Select-
Age 60
Amputation, proximal to wrist or ankle
Burns > 10%, or face/airway/hand/feet/genitalia
Ejection from vehicle

Transport Mode: Not Applicable

Needle Thoracostomy: Not Applicable

EMS Status: Not Applicable

Tube Thoracostomy: Not Applicable

Airway Management: Not Performed

Medications:

Add Medication

CPR Performed: Not Applicable


Fluids: Not Applicable

Pre Hospital Cardiac Arrest: Not determined/Unknown

Destination Determination: Not Applicable

Add EMS Run

Search EMS Run

* Please Click On  To Add/Edit PreHospital Vitals

* This Modified Date is updated to reflect your Last Modified Time. Active Cases Time and Inactive Cases Time

Pre-Hospital Screen – Vitals

[State of Indiana \[US\]](#) | <https://indianatrauma.isdh.in.gov/resource/assets/intranet/runform/runformtags/vitalsprehospital.cfm?appformid=26&formnam...>

EMS Vitals Date	Sys. BP	Pulse Rate	Resp. Rate	O2Sat	PTS	Temperature
No Vitals Have Been Entered						

EMS Vitals Date

Time

Glasgow Eye

Not Applicable

▼

*

Glasgow Verbal

Not Applicable

▼

* Patient's Age is over 2 yrs.

Glasgow Motor

Not Applicable

▼

* Patient's Age is over 2 yrs.

GCS Qualifier (Up to 3)

Not Applicable

▼

Patient Chemically Sedated

Obstruction to the Patients Eye

Patient Intubated

Temperature

°C

°F

*

Sys. BP

*

Dia. BP

Pulse Rate

*

Resp. Rate

*

O2Sat

*

Manual GCS

*

Manual RTS

PTS

Add Vital Sign

Cancel

Close

Pre-Hospital Screen – Vitals (2)

State of Indiana [US] | <https://indianatrauma.isdh.in.gov/resource/assets/intranet/runform/runformtags/vitalsprehospital.cfm?appformid=26&formnam...>

EMS Vitals Date	Sys. BP	Pulse Rate	Resp. Rate	O2Sat	PTS	Temperature
No Vitals Have Been Entered						

EMS Vitals Date

Time

Glasgow Eye

Not Applicable

*

Glasgow Verbal

Not Applicable

* Patient's Age is over 2 yrs.

Glasgow Motor

Not Applicable

* Patient's Age is over 2 yrs.

GCS Qualifier (Up to 3)

Not Applicable

Patient Chemically Sedated

Obstruction to the Patients Eye

Patient Intubated

Temperature

°C

°F

*

Sys. BP

*

Dia. BP

Pulse Rate

*

Resp. Rate

*

O2Sat

*

Manual GCS

*

Manual RTS

PTS

Add Vital Sign

Cancel

Close

Pre-Hospital Screen – Vitals (3)

[State of Indiana \[US\]](#) | <https://indianatrauma.isdh.in.gov/resource/assets/intranet/runform/runformtags/vitalsprehospital.cfm?appformid=26&formnam...>

EMS Vitals Date	Sys. BP	Pulse Rate	Resp. Rate	O2Sat	PTS	Temperature
No Vitals Have Been Entered						

EMS Vitals Date

Time

Glasgow Eye

Not Applicable

▼

*

Glasgow Verbal

Not Applicable

▼

* Patient's Age is over 2 yrs.

Glasgow Motor

Not Applicable

▼

* Patient's Age is over 2 yrs.

GCS Qualifier (Up to 3)

Not Applicable

▼

Patient Chemically Sedated

Obstruction to the Patients Eye

Patient Intubated

Temperature

° C

° F

*

Sys. BP

*

Dia. BP

Pulse Rate

*

Resp. Rate

*

O2Sat

*

Manual GCS

*

Manual RTS

PTS

Add Vital Sign

Cancel

Close

Pre-Hospital Screen – Vitals (4)

[State of Indiana \[US\]](#) | <https://indianatrauma.isdh.in.gov/resource/assets/intranet/runform/runformtags/vitalsprehospital.cfm?appformid=26&formnam...>

EMS Vitals Date	Sys. BP	Pulse Rate	Resp. Rate	O2Sat	PTS	Temperature
No Vitals Have Been Entered						

EMS Vitals Date

Time

Glasgow Eye

Not Applicable

▼

*

Glasgow Verbal

Not Applicable

▼

* Patient's Age is over 2 yrs.

Glasgow Motor

Not Applicable

▼

* Patient's Age is over 2 yrs.

GCS Qualifier (Up to 3)

Not Applicable

▼

Patient Chemically Sedated

Obstruction to the Patients Eye

Patient Intubated

Temperature

°C

°F

*

Sys. BP

*

Dia. BP

Pulse Rate

*

Resp. Rate

*

O2Sat

*

Manual GCS

*

Manual RTS

PTS

Add Vital Sign

Cancel

Close

Pre-Hospital Screen – Vitals (5)

State of Indiana [US]

https://indianatrauma.isdh.in.gov/resource/assets/intranet/runform/runformtags/vitalsprehospital.cfm?appformid=26&formnam...

EMS Vitals Date	Sys. BP	Pulse Rate	Resp. Rate	O2Sat	PTS	Temperature
No Vitals Have Been Entered						

EMS Vitals Date

Time

Glasgow Eye

Not Applicable

*

Glasgow Verbal

Not Applicable

*

Patient's Age is over 2 yrs.

Glasgow Motor

Not Applicable

*

Patient's Age is over 2 yrs.

GCS Qualifier (Up to 3)

Not Applicable

Patient Chemically Sedated

Obstruction to the Patients Eye

Patient Intubated

Temperature

°C

°F

*

Sys. BP

*

Dia. BP

Pulse Rate

*

Resp. Rate

*

O2Sat

*

Manual GCS

*

Manual RTS

PTS

Add Vital Sign

Cancel

Close

Pre-Hospital Screen – Vitals (6)

[State of Indiana \[US\]](#) | <https://indianatrauma.isdh.in.gov/resource/assets/intranet/runform/runformtags/vitalsprehospital.cfm?appformid=26&formnam...>

EMS Vitals Date	Sys. BP	Pulse Rate	Resp. Rate	O2Sat	PTS	Temperature
No Vitals Have Been Entered						

EMS Vitals Date Time

Glasgow Eye *

Glasgow Verbal * Patient's Age is over 2 yrs.

Glasgow Motor * Patient's Age is over 2 yrs.

GCS Qualifier (Up to 3)

Not Applicable

Patient Chemically Sedated

Obstruction to the Patients Eye

Patient Intubated

Temperature

°C °F *

Sys. BP * Dia. BP

Pulse Rate *

Resp. Rate *

O2Sat *

Manual GCS *

Manual RTS PTS

Add Vital Sign

Cancel

Close

Pre-Hospital Screen – Vitals (7)

[State of Indiana \[US\]](#) | <https://indianatrauma.isdh.in.gov/resource/assets/intranet/runform/runformtags/vitalsprehospital.cfm?appformid=26&formnam...>

EMS Vitals Date	Sys. BP	Pulse Rate	Resp. Rate	O2Sat	PTS	Temperature
No Vitals Have Been Entered						

EMS Vitals Date

Time

Glasgow Eye

Not Applicable

*

Glasgow Verbal

Not Applicable

*

Patient's Age is over 2 yrs.

Glasgow Motor

Not Applicable

*

Patient's Age is over 2 yrs.

GCS Qualifier (Up to 3)

Not Applicable

Patient Chemically Sedated

Obstruction to the Patients Eye

Patient Intubated

Temperature

°C

°F

*

Sys. BP

*

Dia. BP

Pulse Rate

*

Resp. Rate

*

O2Sat

*

Manual GCS

*

Manual RTS

PTS

Add Vital Sign

Cancel

Close

Pre-Hospital Screen – Save & Continue

<div>Amputation, proximal to wrist or ankle Burns > 10%, or face/airway/hand/feet/genitalia Ejection from vehicle</div>			
CPR Performed:	Not Applicable ▼	Pre Hospital Cardiac Arrest:	Not determined/Unknown ▼
Fluids:	Not Applicable ▼	Destination Determination:	Not Applicable ▼

[Search EMS Run](#)

[/Edit PreHospital Vitals](#)
ified Time, Arrive Scene Time or Leave Scene Time

[Save](#) [Save and Continue](#)